

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) FREEDOM COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00547984
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee USCMDR Chisesi Diane Treasurer [MEMO ITEM] Business Expense/office		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 11 / 2015	
Mailing Address PO BOX 6936		Amount 4.90	
City Colorado Springs	State CO	Zip Code 80934	Transaction ID : WFT201511111545-1
Purpose of Expenditure Buisness Expense	Category/ Type 24	Date of Disbursement or Obligation MM / DD / YYYY 12 / 11 / 2015	
Name of Federal Candidate Ms. Chisesi M Diane Pres Elect		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 05 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WA
Calendar Year-To-Date Per Election for Office Sought 2016.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ Business Expense	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	0.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms Chisesi M Diane Pres Elect

[Electronically Filed]

Date

MM / DD / YYYY
12 / 11 / 2015

Signature